

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024266

3420

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JUL 5 1963

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>MISSOURI</b> b. COUNTY: <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>KANSAS CITY</b>		c. CITY OR TOWN: <b>KANSAS CITY</b>	
Length of stay in 1b: <b>abt. 30 yrs</b>		Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>V A HOSPITAL</b>		d. STREET ADDRESS (If outside, give location): <b>471 HIGHLAND</b>	
3. NAME OF DECEASED (Type or print) First: <b>HOWARD</b> Middle: <b>THOMAS</b> Last: <b>DEWHIRST</b>		4. DATE OF DEATH Month: <b>June</b> Day: <b>16</b> Year: <b>1963</b>	
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>3-4-99</b>
9. AGE (last birthday): <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Retired Supervisor</b>	
11. BIRTHPLACE (City and state or country): <b>Oskaloosa, Iowa</b>		12. CITIZEN OF WHAT COUNTRY: <b>U.S.A.</b>	
13a. FATHER'S NAME: <b>Simon Dewhirst</b>		13b. MOTHER'S MAIDEN NAME: <b>Elizabeth Loutit</b>	
14. NAME OF HUSBAND OR WIFE: <b>Frances M. Dewhirst</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <b>Yes WWII</b>	
16. SOCIAL SECURITY NO.: [REDACTED]		17. INFORMANT: <b>Frances M. Dewhirst, wife</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Pulmonary emphysema</b> DUE TO (c) <b>Arteriosclerotic heart disease and ventricular aneurysm(?)</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <b>Cirrhosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour: [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year: [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): [REDACTED]		20f. CITY, TOWN, OR LOCATION: [REDACTED] COUNTY: [REDACTED] STATE: [REDACTED]	
21. I attended the deceased from <b>5-29-63</b> to <b>6-16-63</b> and pronounced death. Death occurred at <b>6:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <b>ROBERT W. BROWN, M.D.</b>		22b. ADDRESS: <b>VA Hospital, Kansas City, Mo.</b>	
22c. DATE SIGNED: <b>6-17-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	
23b. DATE: <b>6-17-63</b>		23c. NAME OF CEMETERY OR CREMATORY: <b>K. U. Med. Center</b>	
23d. LOCATION (City, town, or county) (State): <b>Kansas City Kansas</b>		24. FUNERAL DIRECTOR: <b>Kans. University Medical Center</b>	
25. DATE RECD. BY LOCAL REG.: <b>6-18-63</b>		26. REGISTRAR'S SIGNATURE: <b>Ruth W. Long</b>	

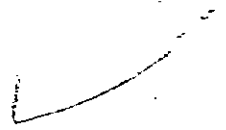
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

201-80-2184



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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.